

09/926571

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6	1		1			
7		1		1		
8		1		1		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15	1		1			
16		1		1		
17		1		1		
18	1		1			
19		1		1		
20		1		1		
21		3		3		
22	1		1			
23		1		1		
24		2		2		
25		2		2		
26	1		1			
27		1		1		
28		1		1		
29	1		1			
30		1		1		
31		1		1		
32	1		1			
33		1		1		
34		2		1		
35		2	1			
36	1		1			
37	1			1		
38		1		1		
39		1	1			
40	1			1		
41		1		1		
42		1		3		
43		3	1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.		↓	19	↓		↓
TOTAL DEP.		↓	513	↓		↓
TOTAL CLAIMS			72			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS